

**BUREAU OF INTERNAL AFFAIRS
Investigations Division
General Investigations Section**

**12 December 2011
CL #1050643**

TO: Juan Rivera
Chief
Bureau of Internal Affairs

ATTN: Robert Klimas
Commander
Investigations Division

ATTN: Lt. Susan Clark # 320
Investigations Division
Administrative Section

FROM: Sergeant Majed ASSAF #1778
Investigations Division
General Investigations Section

SUBJECT: **Synoptic Report – Firearm Discharge Incident (ANIMAL)**

RESULTS: BAC .000
REFERENCE: LOG #1050643
WD #118214

**INCIDENT
LOCATION:** [REDACTED]

DATE & TIME: 12 December 2011 @ 1203 hours

OCIC, W/C: Lt. KERO #506

INVOLVED MEMBER(s): Police Officer David Fonda
Star #19319
Employee # [REDACTED]
Unit of Assignment: 025th District
C/S: 17 MAR 1997
DOB: [REDACTED]

**BUREAU OF INTERNAL AFFAIRS
Investigations Division
General Investigations Section**

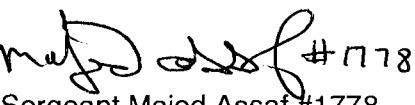
**12 December 2011
CL #1050643**

NARRATIVE:

R/Sgt received notification from CPIC Police Officer STRICKLAND at 1212 hours on 12 DEC 2011 regarding a Firearm Discharge Incident in the 025th District.

R/Sgt arrived and began the 20 min observation period of Police Officer David FONDA at 1318 hours. P/O FONDA was presented with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" form. The Breath Test was conducted at 1341 hours and the BAC was .000. The W/C was notified of the results.

R/Sgt also collected the urine specimen(s) of P/O FONDA at 1405 hours.


Sergeant Majed Assaf #1778
Investigations Division
General Investigations Section

APPROVED:



Lt. Susan Clark # 320
Investigations Division
Administrative Section



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Fonda, David Title P10
Star No. 19319 Employee No. ██████████ Unit 025

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

Print Member's Name	Involved Member's Signature	Date and Time
<u>David Fonda</u>	<u>Atte</u>	<u>12 DEC 11 1315</u>
Type of Test: Alcohol	Location: <u>5555 W. Grand Ave (025)</u>	Date and Time: <u>12 Dec 11 1341</u>
Type of Test: Drug	Location: <u>5555 W. Grand Ave (025)</u>	Date and Time: <u>12 Dec 11 1405</u>

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name	IAD Supervisor's Signature	Date and Time
<u>M. Assaf 1778</u>	<u>m. assaf</u>	<u>12 Dec 11</u>

CPD-44.252 (7/10) DISTRIBUTION: ORIGINAL - TO IAD SUPERVISOR, COPY TO INVOLVED MEMBER

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

Photo I. D. by Sgt. M. Assaf #1778

Employer Representative _____

Signature of Employer Representative

PART I - A. On the 12 day of December, 2011 at 1405, I, David Fonda, (TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup, I urinated into this same cup, then I delivered this cup containing my urine specimen to Majed Assaf, (PRINT RECEIVING STAFF MEMBER'S NAME) and witnessed this member:

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on its side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number _____

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number 2145 2357

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.
<u>WD118214A</u>	<u>WD118214B</u>

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II - The urine specimen with the control number WD118214 A + B was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

Connie (STAFF MEMBER'S SIGNATURE)

12DEC11 (DATE)

1615 (TIME)

C (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____

was removed from the Random Drug Testing Unit refrigerator by _____

(RDTU MEMBER)

and then delivered to _____, on _____, at _____

(LAB MEMBER)

(DATE)

(TIME)

Specimen received by _____

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

SPECIMEN ID NO. [REDACTED]

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO. [REDACTED]

A. Employer Name, Address, I.D. No.

WISCONSIN STATE FISH & GAME
1000 STATE ST.
P.O. BOX 7920
MADISON, WI 53707
(608) 266-1224, ext. 241000

B. MRO Name, Address, Phone and Fax No. [REDACTED]

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Donor Name: Last: [REDACTED]

First: [REDACTED]

E. Donor ID Verified: Photo ID Emp. Rep. _____

F. Reason for Test:

- Pre-employment (1) Random (3) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22)
 Return to Duty (6) Follow-up (23) Other (specify) (99) *Employer's Drug Testing*

G. Drug Tests to be Performed:

DRUGS OF ABUSE - 10-50/2000 TEST

H. Collection Site Name: [REDACTED]

Collection Site Code: [REDACTED]

Address: [REDACTED]

Collector Phone No.: [REDACTED]

City, State and Zip: [REDACTED]

Collector Fax No.: [REDACTED]

STEP 2: COMPLETED BY COLLECTORRead specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark _____

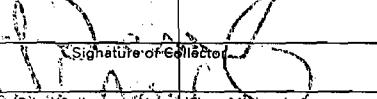
Specimen Collection:

- Split Single None Provided (Enter Remark) Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X

 Signature of Collector
 (Print) Collector's Name (First, MI, Last)

AM
 Time of Collection: *12/12/00* →
 Date (Mo./Day/Yr.) *12/12/00* →

SPECIMEN BOTTLE(S) RELEASED TO:
 Quest Diagnostics Courier FedEx
 Other
 Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: **X**

Signature of Accessioner
 (Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

SPECIMEN BOTTLE(S) RELEASED TO:

- Yes
 No, Enter Remark _____

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X
 Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth

Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

- NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO TEST BECAUSE:
 DILUTE ADULTERATED SUBSTITUTED

REMARKS

X
 Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

- RECONFIRMED FAILED TO RECONFIRM - REASON _____

X
 Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 12 day of DEC 2011, I Po C. Conroy #7094
received a collected urine specimen from Sgt. M. ASSAF # 1778. The specimen
was delivered in sealed condition and was received in packaging described as:

Select One A clear and blue CPD evidence/property bag containing two tape-sealed vials (including one within a sealed Quest Diagnostics specimen bag).

or

The packaging was then opened by Po C. Conn in the presence of Sgt. M ASSAF. The following items were removed from the container:

Select One One tape-sealed vial labeled # [REDACTED] within a sealed Quest Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

91

□ _____

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer by Po C. Conroy, as witnessed by Sgt. ASSAF.

Specimen delivered by:

Signature # 1778

Received/stored by:

Signature Pal Conn # 7094

Last Name: Fonda

12 DEC 11

First Name: David

Rank: P/O

Star #: 19319

Unit: 025

Home Zip Code: _____

Date Hired: 17 MAR 97

Birthday: [REDACTED]

TS copy

... 20643

CPD 0024098

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

Photo I. D. by Sgt. M. Assaf #1778

Employer Representative

Signature of Employer Representative

PART I - A. On the 12 day of December, 2010 at 1405, I, David Fonda, (PRINT NAME)

(TIME)

removed the foil-top seal from a cup, and then removed the contents from the cup, I urinated into this same cup, then I delivered this cup containing my urine specimen to Majed Assaf, (PRINT RECEIVING STAFF MEMBER'S NAME)

and witnessed this member:

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number 19319.

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number 21452357.

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II - The urine specimen with the control number 19319 was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

Conny (STAFF MEMBER'S SIGNATURE)

, on 12DEC11

(DATE)

, at 1615

(TIME)

, (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____

was removed from the Random Drug Testing Unit refrigerator by _____

(RDTU MEMBER)

and then delivered to _____, on _____, at _____

(LAB MEMBER)

(DATE)

(TIME)

Specimen received by _____

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 12 day of DEC 2011, I PO C. Conry # 7094 received a collected urine specimen from Sgt. M. ASSAF # 1778. The specimen was delivered in sealed / unsealed condition and was received in packaging described as:

Select One A clear and blue CPD evidence/property bag containing two tape-sealed vials (including one within a sealed Quest Diagnostics specimen bag).

or

The packaging was then opened by PO C. Conry in the presence of Sgt. M ASSAF. The following items were removed from the container:

Select One One tape-sealed vial labeled # WD 118214A within a sealed Quest Diagnostics specimen bag and one tape-sealed vial labeled # WD 118214B.

or

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer by PO C. Conry, as witnessed by Sgt. ASSAF.

Specimen delivered by: Valerie St. J. # 1778
Signature

Received/stored by: PO C. Conry # 7094
Signature



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Fonda, David Title P10
Star No. 19319 Employee No. Unit 025

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

Print Member's Name <u>David Fonda</u>	Involved Member's Signature <u>ATB</u>	Date and Time 12 DEC 11 1315
Type of Test: Alcohol	Location: 5555 W. Grand Ave (025)	Date and Time: 12 Dec 11 1341
Type of Test: Drug	Location: 5555 W. Grand Ave (025)	Date and Time: 12 Dec 11 1405

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name <u>M. Assaf 1778</u>	IAD Supervisor's Signature 	Date and Time 12 Dec 11
CPD-44.252 (7/10)	DISTRIBUTION: ORIGINAL - TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER	

40005057 AREA/ROUTE/STOP: XXXXXXX
 CHICAGO POLICE DEPT
 RANDOM DRUG UNIT #1087SW
 3510 S MICHIGAN AVE
 CHICAGO, IL 60653

LADORATORY REPORT



Quest
Diagnostics

PARTICIPANT NAME	PARTICIPANT ID	ROOM NO.	AGE	SEX	PHYSICIAN		
WD1182140							
1					12132011 02:05PM	12132011	03:00PM

REMARKS Client Site Location:

REASON FOR TEST: WEAPONS DISCHARGE

DONOR ID VERIFIED: PHOTO I.D.

REPORT STATUS	FINAL	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
			IN RANGE	OUT OF RANGE			
REPORT FOR:		CHICAGO POLICE DEPT - 40005057 RANDOM DRUG UNIT, #1087SW 3510 S MICHIGAN AVE CHICAGO, IL 60653					
Tests Ordered:	35190N (SAP 10-50/2000 W/NIT)						
Integrity Checks						Acceptable Range	
CREATININE		128.8 mg/dL				>/= 20 mg/dL	
pH		4.7				4.5-8.9	
OXIDIZING ADULTERANTS		Negative					
Substance Abuse Panel					Initial Test Level	MS Confirm Test Level	
AMPHETAMINES		Negative			1000 ng/mL	500 ng/mL	
BARBITURATES		Negative			300 ng/mL	200 ng/mL	
BENZODIAZEPINES		Negative			300 ng/mL	200 ng/mL	
COCAINE METABOLITES		Negative			300 ng/mL	150 ng/mL	
MARIJUANA METABOLITES		Negative			50 ng/mL	15 ng/mL	
METHADONE		Negative			300 ng/mL	200 ng/mL	
METHAQUALONE		Negative			300 ng/mL	200 ng/mL	
OPIATES		Negative			2000 ng/mL	2000 ng/mL	
PHENCYCLIDINE		Negative			25 ng/mL	25 ng/mL	
PROPOXYPHENE		Negative			300 ng/mL	200 ng/mL	
CERTIFYING SCIENTIST:	KSMP01						
SPECIMEN RECEIVED AND PROCESSED		IN THE LENEXA DHHS CERTIFIED LABORATORY.					
LAB	Quest Diagnostics-Lenexa 10101 Renner Blvd Lenexa KS 66219						
		>> END OF REPORT <<					

TEST RECORD
RBT IV

RBT IV# 022783
DATE 12-12-11
TEST NO. 0085
ID#

8743
AS IV# 098835
TEMPERATURE 20 C

SUBJECT TEST
%BAC TIME

000 BLANK
000 AUTO 13:41

Emp# SUBJECT Log#
8743/1050643
OPERATOR
Assaf #1728
WITNESS

TEST LOCATION
025th